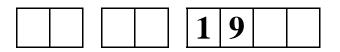
			ROP75
Glasgow CITY COUNCIL	Application by Proxy to Vo (Postal Proxy - Proxy)	-	
The Proxy's Details			Please give your telephone number(s) for contact Home: Work: Mobile:
The Elector's Details			Please give your telephone number(s) for contact Home: Work: Mobile:
Which types of election do you wish to have a Postal Vote for ? (Please tick only 1 box)			
All types of Election Local Elections Only Parliamentary Elections Only			
Do you wish to have a Postal Vote for a limited period or a specific Election? If so, please state the date that you wish your Postal Vote to expire:			
If you wish your Postal Vote to be sent to an address OTHER than the registered address shown above, please give the address here and a brief reason as to why you have requested this:			
Address:			
Reason:			
Please indicate if any of the conditions below apply, as you may not be required to provide a specimen signature if you:			
a) Have a disability that prevents you from signing			
b) Are unable to read or write			
c) Are unable to sign in a consistent and distinctive way because of a disability or inability			
			uestions regarding this form, please
section of this form correctly and then return it to: contact the Electoral Registration Office on:			
Electoral Re PO Box 153 ²	gistration Officer 11	0141 287 4	444
Glasgow			
G1 3DR			

Your Date of Birth: Please enter your date of birth in the boxes below in a DD MM YYYY format, writing clearly <u>within the borders</u> of the boxes, using a <u>black pen</u>.



Your Signature: Sign in the box below using <u>black ink</u>. **Important – Keep within the border**. If you fail to do this your application will not be valid.

Today's Date:/...../.....